Helix User Registration

Return this form to: DCRT Account No.
    TASC, DCRT
    Building 12A, Room 1011
    National Institutes of Health
    12 South Drive MSC 5605
    Bethesda, MD 20892-5605
    FAX: 402-7349

As part of the registration of your account on the Helix Systems, you must be registered to a DCRT Account for billing purposes.

If you have a DCRT account: 1) Please indicate the account number above, 2) complete the user information section below, and 3) have the sponsor of that account sign below authorizing this request.

If you need to open a DCRT account for billing purposes: please complete form NIH 1767-1 and return with this completed registration form.

For more information on completing this form, please call the TASC at (301) 594-DCRT.

User Information:

Name (Please print): _____   Institute: _____

NIH Address: _____   Telephone: _____

DCRT Account/Registered Initials: _____

*Preferred User Name: _____

**Second choice: _____   Third choice: _____

    *User name is used during login, as a mail addressee, and as a general identifier. It may have up to 8 lowercase alphanumeric characters. Initials, first or last name, or a combination of name and initials are suggested (e.g., jsmith, jack, jms).

    **Please specify second and third choices in case first choice is unavailable.

Authorization:

DCRT Account Sponsor's Name (Please print): _____

_____
DCRT Account Sponsor's Signature   DATE

The signing of this document will register this user for the above account if not already registered.

DO NOT WRITE BELOW THIS LINE

Helix Account Notification

Your account on the Helix system has been established. Please login and change the password (type the command *passwd* and the system will prompt for a new password).

Helix User Name: _____

Initial Password: _____

NOTE: User Name and initial password are always in lower case characters.